

CMS-3122-P-101

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Kent Moore

Date & Time: 05/11/2005

Organization : Drs. Barts & Moore, P.A.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non- MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Kent E. Moore, M.D., D.D.S.

CMS-3122-P-102

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Laurier McCravy

Date & Time: 05/11/2005

Organization : Dr. Laurier McCravy

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non- MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
L. L. McCravy

CMS-3122-P-103

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Matthew Dennis

Date & Time: 05/11/2005

Organization : Dr. Matthew Dennis

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of Medical History and Physical Examination

Dear Sirs,

As an oral and maxillofacial surgeon teaching in an academic center, I am concerned about the proposed changes to the Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. Although the definition is broadly inclusive and I would support it in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MDs/DOs, often related to their unfamiliarity with the education and training standards of non-MD/DOs. Limitation of H&P privileges for oral and maxillofacial surgeons would limit access for patients, as well as threaten trauma care for patients with maxillofacial trauma. In addition, limitation would threaten the accreditation of our residency training programs.

I understand that using the Social Security Act's definition of physician addresses concerns of the podiatrists, and those with advanced training may be qualified to perform H&Ps. But we must protect against unintended consequences of this change which would limit privileges which have been in place for years. I would respectfully suggest that the CoP be revised to include doctor of medicine or osteopathy, and oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and podiatrists who are trained to perform complete H&Ps and who have completed an accredited residency program for patients admitted for podiatric surgery.

Thanks you for allowing me to share my comments,

Sincerely,

Matthew J. Dennis, D.D.S.

Clinical Assistant Professor

University of Florida College of Dentistry

Department of Oral and Maxillofacial Surgery

CMS-3122-P-104

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Anthony Murray

Date & Time: 05/11/2005

Organization : R. Anthony Murray, DDS, PA

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

To Whom It May Concern:

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non- MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

R. Anthony Murray, DDS

CMS-3122-P-105

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. William Storoe

Date & Time: 05/11/2005

Organization : American Association of Oral & Maxillofacial Surge

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

To Whom it may concern,

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non- MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

William C. Storoe IV DDS FAGD

Fellow - American Association of Oral & Maxillofacial Surgeons

Fellow - National Dental Board of Anesthesiology

CMS-3122-P-106

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Eric Geist

Date & Time: 05/11/2005

Organization : Dr. Eric Geist

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am very concerned about the proposed change in language related to H&Ps eliminating the specific reference to Oral and Maxillofacial Surgeons. While it may seem a simple matter on the surface, in reality it runs much deeper as some hospitals take the language very literally and hence exclude Oral and Maxillofacial Surgeons who have training equal to or surpassing that of many of their medical colleagues from doing H&Ps on their own patients. It is critical that Oral and Maxillofacial surgeons, whose training far exceeds that of general dentist (4-6 years of additional hospital based training) be specifically identified as they are a unique and vital component of the healthcare system.

CMS-3122-P-107 Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. JOSE VILLANUEVA

Date & Time: 05/11/2005

Organization : ORAL & MAXILLOFACIAL SURGEON

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non- MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Jose Villanueva DMD
Oral & Maxillofacial Surgeon

CMS-3122-P-108

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Alan Felsenfeld

Date & Time: 05/11/2005

Organization : UCLA School of Dentistry

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non- MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Alan L. Felsenfeld, DDS
Professor of Oral and Maxillofacial Surgery
UCLA School of Dentistry

CMS-3122-P-109

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Vincent Montgomery

Date & Time: 05/11/2005

Organization : Dr. Vincent Montgomery

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non- MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Attachment #110

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

A. Omar Abubaker, D.M.D, Ph.D.
Professor, and Chairman
Department of Oral and Maxillofacial Surgery
VCU School of Dentistry and VCU Medical Center
521 North 11th Street
PO Box 980566
Richmond, VA 23298-0566
804-828-3716
804-828-0056 fax

CMS-3122-P-111

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Juan Gonzalez

Date & Time: 05/11/2005

Organization : Dr. Juan Gonzalez

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgery resident, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
Juan F Gonzalez DMD

CMS-3122-P-112

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Jaleh Keyhani

Date & Time: 05/11/2005

Organization : AAOMS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for

patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of

podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Jaleh Keyhani, DDS
American Association of Oral and Maxillofacial
Surgeons
9700 West Bryn Mawr Avenue
Rosemont, Illinois 60018-5701
847/678-6200 Fax: 847/678-6286
www.aaoms.org

CMS-3122-P-113

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Stephen MacLeod

Date & Time: 05/11/2005

Organization : Dr. Stephen MacLeod

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non- MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Stephen MacLeod BDS, MBChB, FDS RCS, FRCS(Ed)
Oral and Maxillofacial Surgery
Hennepin County Medical Center
701 Park Avenue South
Minneapolis
MN 55415

CMS-3122-P-114

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. M. James Clark

Date & Time: 05/11/2005

Organization : NWOMS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non- MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
M. James Clark

CMS-3122-P-115

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Robert Kiken

Date & Time: 05/11/2005

Organization : AAOMS

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Again more changes which would confuse hospitals and decrease existing priveledges and not expand them. I as a board certified Oral and Maxillofacial Surgeon ,I deal with life threatening trauma, infections and facial deformities. I have H&P priveledges at a Level 2 trauma center and am an integral part of the trauma team. Your changes would throw me in with general dentists, podiatrists, and others, where MEDICAL staffs could remove my present priveledge. You must protect us, as Oral and Maxillofacial Surgeons, from being placed into a group that does not have this priveledge. We, again, would be vulnerable to prejudice by DEGREE. This battle was fought and won over ten years ago and should not be altered.

CMS-3122-P-116

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Edward Meszaros

Date & Time: 05/11/2005

Organization : American Assoc. of Oral Maxillofacial Surgeons

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

To: CMS

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DO's and as a result negatively impact patient care. Some medical staffs who came from programs that did not have an Oral Maxillofacial Surgery program are already attempting to change their bylaws to limit this privilege to MD/DO's, often due to this unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of Oral Maxillofacial Surgeons H@P privileges would limit access to thousands of patients nationwide who require our services. Additionally this poor choice would threaten the accreditation status of 100 accredited Oral and Maxillofacial Surgery residency training programs in the United States.

The motivation for using the Social Security Act's definition in the CoP is result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H@P. I strongly oppose this proposed change and suggest that the CoP be revised to include a doctor of medicine or osteopathy, an ORAL and MAXILLOFACIAL SURGEON for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H@P, a doctor of Podiatric medicine who has completed an accredited Podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments

Sincerely,

Edward J. Meszaros D.M.D.
American Association of Oral and Maxillofacial Surgeons

CMS-3122-P-117

Hospital Conditions of Participation: History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations

Submitter : Dr. Michael Morrisette

Date & Time: 05/11/2005

Organization : Courtyard Oral Surgery

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Note: CMS did not receive an attachment to this document. This may have been due to improper submission by the commenter or it may have been a result of technical problems such as file format or system problems.

CMS-3122-P-118

**Hospital Conditions of Participation: History and Physical
Examinations; Authentication of Verbal Orders; Securing
Medications; and Post-anesthesia Evaluations**

Submitter : Dr. David Baker

Date & Time: 05/11/2005

Organization : Courtyard Oral Surgery

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See attachment

Note: CMS did not receive an attachment to this document. This may have been due to improper submission by the commenter or it may have been a result of technical problems such as file format or system problems.

Submitter : Dr. Joseph Margarone III
Organization : Suburban Oral & Maxillofacial Surgery Associates
Category : Other Health Care Professional

Date: 05/11/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Joseph E. Margarone III DDS
Clinical Assistant Professor
SUNY at Buffalo School of Dental Medicine
Oral & Maxillofacial Surgery Department

Submitter : Dr. Roland Gustafson
Organization : AAOMS
Category : Other Health Care Professional

Date: 05/11/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Roland Gustafson DDS
Oral and Maxillofacial Surgeon

Submitter : Dr. Pierpaolo Preceruti

Date: 05/11/2005

Organization : OMSC, Inc.

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Pierpaolo Preceruti, DDS, MD

Submitter :

Date: 05/11/2005

Organization :

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Dr. K. Rammo

Submitter : Dr. Roger Badwal

Date: 05/12/2005

Organization : Dr. Roger Badwal

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Roger Badwal, DMD, MD

Submitter : Dr. Riley Hicks

Date: 05/12/2005

Organization : Idaho Falls Oral and Facial Surgery

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

This may limit the H and P opportunities for oral and maxillofacial surgeons who have training in this area. Thanks for your consideration

Submitter : Dr. Neil Agnihotri
Organization : Dr. Neil Agnihotri
Category : Physician

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
Neil Agnihotri, DMD

Submitter : Dr. Anthony Rega

Date: 05/12/2005

Organization : AAOMS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Anthony J. Rega, DDS

Submitter : Dr. robert seymour
Organization : oral and maxillofacial surgery
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

I have practiced for 29 years and as a new oral and maxillofacial surgeon I had to fight for the previledge to perform my own histroy and physicals. After a time of demonstration of my professional ability I was granted this previledge and have perform them over the last 29 years. I would hope that some bureaucratic maneuver would not destroy all these years of service to my patients and to the general hospital staff.

Submitter : Dr. Cortland Caldemeyer

Date: 05/12/2005

Organization : AAOMS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

I perform multiple general anesthetic's on a daily basis in my office. All of these patients have a H&P prior to their procedure. I have priviledges at most of the local hospitals in San Diego to perform H&P's and have been sufficiently trained in my residency to do so.

Thank you for consideration of these comments.

Sincerely,

Cortland S. Caldemeyer DDS

Submitter : Dr. Steven Koos M.D.
Organization : Dr. Steven Koos M.D.
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination.

I am an oral and maxillofacial surgeon in Illinois, and I have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
Steven A. Koos D.D.S., M.D.

Submitter : Dr. blaine austin

Date: 05/12/2005

Organization : aaoms

Category : Health Care Professional or Association

Issue Areas/Comments

GENERAL

GENERAL

i am an oralmaxillofacial surgeon. i am involved in the treatment of many hospital patients. this requires the privilege to provide history and physical examinations for these patients. i recieved training to provide this service to patients. i have been in practice for twenty years and have performed numerous physical examinations for many patients. this has been invaluable for these patients. if this is changed these patients will face a loss of care as well as increased costs. this would also represent a restriction in the scope of practice for which i have been trained. i hope this will be well recieved. blaine d. austin d.d.s. oral-maxillofacial surgeon.

Submitter : Dr. David Bender
 Organization : US Air Force
 Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

I am a military oral and maxillofacial surgeon currently deployed to Iraq who recently recieved an e-mail from my parent organization the AAOMS. I have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for our patients, as well as maxillofacial trauma patients who would need my services, and would significantly affect our oral and maxillofacial surgery residency training programs at David Grant Medical Center.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

David M.Bender, Lt Col, USAF, DC
 OMS Consultant, 44th MEDCOM
 Staff Oral and Maxillofacial Surgeon, 332d EMDG hospital
 Balad AB, Iraq
 Staff surgeon, David Grant Medical Center
 Travis AFB CA

Submitter :

Date: 05/12/2005

Organization :

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Dr. Michael Zak

Submitter : Dr. Donald Martin
Organization : Pennsylvania Society of Anesthesiologists
Category : Health Care Professional or Association

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-3122-P-133-Attach-1.DOC

Attachment #133
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-3122-P
P.O. Box 8010
Baltimore, MD 21244-8010

Re: Proposed Regulation CMS-3122-P

Gentlemen:

On behalf of the Board of Directors and the 1,800 members of the Pennsylvania Society of Anesthesiologists (PSA), I would like to commend the Centers for Medicare and Medicaid Services for issuing the proposed rule CMS-3122-P on March 25, 2005, regarding changes in the hospital conditions of participation. Two provisions of the proposed rule directly impact anesthesiologists, and the PSA would strongly support the proposed rule on both provisions:

1. Securing Medications

Current provisions of Section 482.25(b)(2) which require that all drugs and biologicals be kept in locked storage in the operating room would restrict access to medications to an extent, which impedes patient safety. The proposed change to require that "drugs and biologicals must be kept in a secure area, and locked whenever appropriate" would be a significant improvement, provided that it is clear that the operating room, delivery room, or similar critical care area is considered a secure location. The rule includes the requirement that only "authorized personnel" have access to secure areas. It should be clear in the regulation, or from its context, that as stated on page 15270 of the federal register, secure areas would be those areas where "patients and visitors are not allowed without the supervision or presence of a healthcare professional". This provision should not restrict access to janitorial or ancillary support personnel when needed to perform their assigned duties.

2. Completion of the Post-Anesthesia Evaluation

The proposed changes in section 482.52(b)(3) are rational, consistent with the requirements for preoperative evaluation, and consistent with standard and present practice. Further, the proposed change encourages compliance and more than meets the objectives for which the post anesthesia note exists.

For the above reasons, the Pennsylvania Society of Anesthesiologists and its members urge adoption of the proposed rule, particularly the two sections regarding securing medications and post-anesthesia evaluation.

Sincerely,

Donald E. Martin M.D.
Secretary/Treasurer

Submitter : Dr. John Fox
Organization : John P. Fox, D.D.S.
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Dr. John P. Fox

Submitter : Dr. Robert Gramins
Organization : Dr. Robert Gramins
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Dr. Robert T. Gramins

Submitter : Dr. Jeffrey Schultz

Date: 05/12/2005

Organization : AAOMS

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

As an Oral and Maxillofacial Surgeon, I have reviewed the proposed change to the CMS Conditions of Participation related to H&P's that would allow this service to be performed by a physician as defined by the SSA. Although the SSA defines physicians as MD's, DO's, DDS',DPM's, DO's and Chiropractors,I am concerned that the application of this definition may result in hospital credentialing staffs to limit the H&P privilege to MD's and DO's and, as a result, negatively impact patient care. Limitations or withdrawal of OMS's H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would require my services and possibly would threaten the accreditation status of the 100 accredited OMS residency training programs.

I agree that Podiatrists with advanced training may be qualified to perform a H&P. I oppose the proposed change in using the SSA definition in the CoP. I propose that the CoP should be revised to include a MD, DO, an Oral and Maxillofacial Surgeon for patients admitted for Oral and Maxillofacial Surgery and a DPM only if they are trained to perform a complete H&P for patients undergoing podiatric surgery.

Thank you for consideration of these comments.

Submitter : Dr. Kenneth G. Miller
Organization : Pinnacle Oral & Maxillofacial Surgery Assoc. Inc.
Category : Physician
Issue Areas/Comments

Date: 05/12/2005

GENERAL

GENERAL

RE: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an Oral and Maxillofacial Surgeon and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Acts definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Kenneth G. Miller, D.D.S.

Submitter : Dr. Miriam C. O'Malley

Date: 05/12/2005

Organization : Pinnacle Oral and Maxillofacial Surgery Assoc. Inc

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

RE: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an Oral and Maxillofacial Surgeon and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Acts definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Miriam C. O'Malley DMD

Submitter : Dr. Keith Huckaby
Organization : Upson Regional Medical Center
Category : Hospital

Date: 05/12/2005

Issue Areas/Comments

Issue

Timeframe for authentication of verbal orders

The Quality Improvement Steering Committee at Upson Regional Medical Center would like to respond to the proposed rule of the timeframe authentication of verbal orders in the nursing service and medical record services Conditions of Participation. We believe that the current Medicare hospital CoP places an excessive burden on the physicians as well as the hospital staff in attempting to achieve compliance. Until this CoP change we had been following the Georgia state law which allows those orders that follow the "Repeated and Verify" process to be signed within 30 days post discharge. We have found that this has not impacted patient care nor has it taken away value to the quality of the medical record, especially after the service was performed/delivered.

We support the new stance that CMS has taken to require that all verbal orders must be authenticated based on Federal and State law. We further agree with your proposal that if there is not a state law that designates a specific timeframe for authentication then the current one would be followed.

We do believe that entries in the medical record need to be authenticated to verify that the entry is complete and accurate but we believe the timeframe Georgia has set is acceptable and will not jeopardize patient care. The "Repeated and Verified" process helps to ensure that there are no transcription issues and seems to be a much safer way to handle this process.

We appreciate the opportunity to comment and hope you will consider what a burden this would place on facilities to continue to regulate.

Submitter : Dr. Todd Cooper
Organization : Columbia Basin Oral and Maxillofacial Surgery
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

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Thank you for consideration of these comments.

Sincerely,
Dr. Todd C. Cooper

Submitter : Dr. Ron Marsh
Organization : Columbia Basin Oral and Maxillofacial Surgery
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

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Re: CMS-3122-P, Completion of the Medical History and Physical Examination

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Thank you for consideration of these comments.

Sincerely,

Dr. Ron Marsh

Submitter : Dr. Andrew Colgan
Organization : Vero Beach Surgical Arts
Category : Physician

Date: 05/12/2005

Issue Areas/Comments

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Thank you for your consideration of these comments.

Sincerely,

J. Andrew Colgan, D.D.S.

Submitter : Dr. Thomas McKeon
Organization : OMS Associates PC
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

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Thank you for consideration of these comments.

Sincerely,

Thomas C. McKeon, D.M.D.

Submitter : Dr. David Lambert
Organization : Triangle OMS
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

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Thank you for consideration of these comments.

Sincerely,

David M. Lambert, DDS, FACOMS
Diplomate, American Board of Oral and Maxillofacial Surgery
Fellow, American College of Oral and Maxillofacial Surgery

Submitter : Dr. Kenneth Perino
Organization : Dr. Kenneth Perino
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P. Completion of the Medical History & Physical Exam

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

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Thank you for consideration of these comments.

Sincerely,
Kenneth E. Perino, DDS
Oral and Maxillofacial Surgeon
2532 Patterson Road, Suite 10
Grand Junction, CO 81505-1098

Submitter : Dr. Kenneth Tankersley
Organization : Hampton Roads Oral and Maxillofacial Surgery
Category : Physician

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

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Thank you for consideration of these comments.

Sincerely,

Kenneth L. Tankersley, DDS, MD

Submitter : Dr. Robert Crooks
Organization : private practice- oral & maxillofacial surgery
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

As an oral & maxillofacial surgeon, I have been performing H & P's on my patients for years. The proposed change to the CMS CoP implies physicians only for H & P's. Applying this def'n might cause hospital medical staffs to exclude trained DMD or DDS. The def'n needs to be expanded to include other degrees that are trained to perform H & P's. Additionally, I am currently Chief of Staff at Palmetto Baptist Medical Center here in Columbia, South Carolina. Thank you for your attention. Respectfully, Robert M. Crooks

Submitter : Dr. John Stienstra
Organization : American College of Foot & Ankle Surgeons
Category : Health Care Provider/Association

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-3122-P-148-Attach-1.DOC



**American College of
Foot and Ankle Surgeons**

8725 West Higgins Road, Suite 555
Chicago, IL 60631-2724 USA
Tel: 773.693.9300
Fax: 773.693.9304

info@acfas.org
www.acfas.org
www.FootPhysicians.com

Attachment #148
May 9, 2005

VIA ELECTRONIC SUBMISSION

Mark B. McClellan, MD, PhD
CMS Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-3122-P
P.O. Box 8010
Baltimore, MD 21244-8010

RE: CMS-3122-P

Comments on Medicare and Medicaid Programs; Hospitals Conditions of Participation: Requirements for History and Physical Examinations; Authentication of Verbal Orders; Securing Medications; and Post-anesthesia Evaluations; Proposed Rule (70 Fed. Reg. 15266, March 25, 2005).

Dear Dr. McClellan:

The American College of Foot and Ankle Surgeons (ACFAS) appreciates the opportunity to offer comments on the Centers for Medicare and Medicaid Services' (CMS) proposed rule that would revise four of the current hospital conditions of participation (CoPs) for approval or continued participation in the Medicare and Medicaid programs. The ACFAS is a professional society of almost 6,000 foot and ankle surgeons and all Fellows of the College are certified by the American Board of Podiatric Surgery, the surgical board for foot and ankle surgery recognized by the Joint Committee on the Recognition of Specialty Boards. Foot and ankle surgeons currently are members of the medical staff in 85% to 90% of U.S. hospitals and are afforded a full range of medical and surgical privileges.

History and Physical Examination

The completion of a medical history and physical examination is of great significance to the College and its members. The H&P examination of patients is considered a standard of care component of clinical practice that was ingrained in our members throughout both their podiatric medicine and surgical residency training. Similar to the practices of their allopathic colleagues,

there are occasions when other physicians or specialists are asked to share in patient care; however, to impose unwarranted H&P restrictions on qualified foot and ankle surgeons that prevent them from being allowed to practice within the scope of their training and licensure was unjustified and unfair to the patients and the community that the hospital is there to serve. ACFAS has long advocated that performing H&Ps is an inherent axiomatic right that every foot and ankle surgeon has within his licensure.

Therefore, the College strongly supports the proposed revision to medical staff requirement to specify that a medical H&P examination must be completed “by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.” Section 1861(r) of the Social Security Act has long defined “physician” in Medicare to include doctors of podiatric medicine.

The ACFAS took the lead on this issue in 2001 with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the nation’s principal standards setter and evaluator for a variety of health care organizations (including hospitals and ambulatory care organizations, when it successfully negotiated an important clarification statement to the JCAHO Accreditation Manual for Hospitals. The clarification officially stated that permitting qualified and credentialed doctors of podiatric medicine (DPMs) to conduct medical H&Ps independently is, in fact, consistent with the intent of the Joint Commission’s Standards, and in keeping with the delivery of safe, high-quality healthcare. After ACFAS leadership met with JCAHO representatives again in 2002, an additional clarification was issued stating that DPMs could independently conduct their own admission H&P exams, not only in the hospital, but also in hospital-owned ambulatory clinics and related out-patient facilities.

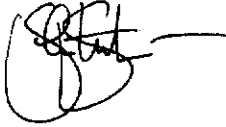
Due to the fact that many foot and ankle surgeons face significant difficulties within their hospital because Medicare CoPs do not conform to this same standard and is, in fact, inconsistent with JCAHO, the ACFAS believes the proposed change is proper and should be finalized as soon as possible.

In addition, the “Guidelines for State Podiatric Medical Practice Acts” prepared by the Federation of Podiatric Medical Boards also clearly states at the bottom of the first page that “H&Ps are included implicitly in the model ‘practice authorized’ provision below, as they are currently in most state laws.”

Furthermore, the College supports the expansion of the current requirement for completion of a medical H&P examination from no more than 7 days before admission to within 30 days before admission as long as the hospital ensures documentation of the patient’s current condition in the medical record within 24 hours after admission. The College believes this change in timing and staffing better reflects current medical practice and agrees with CMS that will improve patient safety.

In conclusion, the College is satisfied with the proposed revision to the hospital CoPs and appreciates the opportunity to offer these comments. If you have any questions, please contact Julie K. Letwat, JD, MPH, Director of Health Policy and Practice Advocacy, at (773) 693-9300.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Stienstra', with a horizontal line extending to the right.

John J. Stienstra, DPM, FACFAS
President

Submitter : Dr. Esmond E Blanton

Date: 05/12/2005

Organization : Ed Blanton, DDS, PA

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Re-CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

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Thank you for consideration of these comments.

Sincerely,

Ed Blanton, DDS

Submitter : Dr. Frederick Rubin
Organization : Frederick R. Rubin, D.D.S.
Category : Physician

Date: 05/12/2005

Issue Areas/Comments

GENERAL

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RE: CMS-3122-P, Completion of the Medical History and Physical Examination.

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Thank you for consideration of these comments.

Sincerely,
Frederick R. Rubin, D.D.S.

Submitter : Dr. Zahid Lalani
Organization : Dr. Zahid Lalani
Category : Other Practitioner

Date: 05/12/2005

Issue Areas/Comments

GENERAL

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Thank you for consideration of these comments.

Sincerely,

Zahid Lalani, DDS, PhD
Oral & Maxillofacial Surgeon

Issue

Medical staff (482.22)

CMS Condition of Participation for History and Physical Examination by Oral & Maxillofacial Surgeons

Submitter : Dr. Salomon Israel
Organization : AAOMS
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

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Thank you for consideration of these comments.

Sincerely,

Salomon Israel DDS

Submitter : Dr. Brian Simpson
Organization : Bernstein, Gould & Simpson DDS, DMD, PC
Category : Physician
Issue Areas/Comments

Date: 05/12/2005

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Thank you for consideration of these comments.

Sincerely,

Dr. Brian Simpson, D.M.D.

Submitter : Dr. Gary Pederson
Organization : Gary T. Pederson, D.D.S.
Category : Physician

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, and oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments

Sincerely,

Gary T. Pederson, D.D.S.

Submitter : Dr. henry marcantoni
Organization : AAOMS
Category : Health Care Professional or Association

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon and have reviewed the proposed change to the CMS CoP related to H/P's that would allow this service to be performed by a physician as defined by the Social Security Act. Although I support the definition per the social security act, I am concerned that applying this definition to the H/P will cause hospital medical staffs to limit this privilege exclusively to MD/DO's and as a result, negatively impact patient care. Limitations or withdrawal of oral and maxillofacial surgeons H/P privileges would limit access for my patients, as well as facial trauma patients who need my services and would thereby threaten the accreditation status of the 100 accredited OMFS residency training programs. I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform and H/P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine, osteopathy, and oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H/P, a doctor of podiatric medicine who has completed an accredited residency program for patients admitted for podiatric surgery. Thank you for your consideration of these comments. Dr. Hank W. Marcantoni OMFS, Austin, Texas

Submitter : Dr. Mark Straka
Organization : Mark A. Straka, DDS, Inc.
Category : Health Care Professional or Association

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS conditions of Participation (C.P) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Mark A. Straka, D.D.S.

Submitter : Dr. Louis Scannura
Organization : Dr. Louis Scannura
Category : Other Health Care Professional

Date: 05/12/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
Louis D Scannura, D.D.S.
Diplomate, American Board of Oral and Maxillofacial Surgery

Submitter : Dr. Thomas Hebda
Organization : Dr. Thomas Hebda
Category : Other Health Care Professional

Date: 05/13/2005

Issue Areas/Comments

GENERAL

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Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

- I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Thomas W. Hebda DDS, Diplomate American Board of Oral & Maxillofacial Surgery

Submitter : Dr. Richard Tennenbaum

Date: 05/13/2005

Organization : AAOMS

Category : Other Health Care Professional

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-3122-P-159-Attach-1.DOC

CMS-3122-P-159-Attach-2.DOC

Attachment #159

May 12, 2005

Centers for Medicare and Medicaid Services

Dept. of Health and Human Services

ATTN: CMS-3122-P

P.O. Box 8010

Baltimore, MD 21244-8010

RE: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/Dos and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/Dos, often because of their unfamiliarity with the education and training standards of no-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Richard Tennenbaum, DMD

Submitter : Dr. Craig Brandner
Organization : Oral & Maxillofacial Surgery
Category : Physician

Date: 05/13/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as the large number of maxillofacial trauma patients who would need my services monthly and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Dr. Craig J. Brandner

Oral and Maxillofacial Surgeon

Submitter : Dr. Gary Dwight
Organization : Dr. Gary Dwight
Category : Physician

Date: 05/13/2005

Issue Areas/Comments

GENERAL

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I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&P's that would allow this service to be performed by a physician as defined by the Social security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of 100 accredited oral and maxillofacial surgery residency training programs.

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Thank you for consideration of these comments.

Sincerely,

Gary H. Dwight D.D.S. M.S.

Submitter : Dr. Donald Boudreaux

Date: 05/13/2005

Organization : AAOMS

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an Oral & Maxillofacial surgeon and have reviewed the proposed change to the CMP Cond of participation related to H&P's that would allow this service to be performed by a physician as defined by the Social Security Act. This act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. By use of this definition, I feel that patient care is in jeopardy as a result of hospital limitation of H&P's to exclusively MD & DO's. Some hospitals have actually already implimented bilaws initiating the above. Withdrawing OMFS H&P privileges would be catastrophic to the medical community, result in delayed patient care, as well as jeopardize many resident training programs.

The above concerns were brought about via podiatrists, and those with advanced training should in fact be able to perform H&P's. I strongly oppose the above change and strongly suggest that the CoP should include doctors of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted to oral and maxillofacial surgery, and podiatrists with accredited training.

Thank you for your consideration to the above comments.

Sincerely, Dr. Donald Boudreaux Jr.

Submitter : Dr. Gregory Hatzis

Date: 05/13/2005

Organization : AAOMS

Category : Physician

Issue Areas/Comments

GENERAL

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I am an Oral & Maxillofacial surgeon and have reviewed the proposed change to the CMP Cond of participation related to H&P's that would allow this service to be performed by a physician as defined by the Social Security Act. This act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. By use of this definition, I feel that patient care is in jeopardy as a result of hospital limitation of H&P's to exclusively MD & DO's. Some hospitals have actually already implimented bilaws initiating the above. Withdrawing OMFS H&P privileges would be catastrophic to the medical community, result in delayed patient care, as well as jeopardize many resident training programs.

The above concerns were brought about via podiatrists, and those with advanced training should in fact be able to perform H&P's. I strongly oppose the above change and strongly suggest that the CoP should include doctors of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted to oral and maxillofacial surgery, and podiatrists with accredited training.

Thank you for your consideration to the above comments.
Sincerely, Gregory Hatzis DDS, MD

Submitter : Dr. harry precheur
Organization : U. of Ms. Med. Center
Category : Other Health Care Professional

Date: 05/13/2005

Issue Areas/Comments

GENERAL

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I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.
Harry Precheur DMD
Assoc. Prof. & Chairman Dept. of Oral & Maxillofacial Surgery

Submitter : Dr. Michael Zide
Organization : Facial and Oral Surgery Associates
Category : Health Care Provider/Association

Date: 05/13/2005

Issue Areas/Comments

GENERAL

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Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Michael Zide DMD
John Stella DDS
Michael Warner DDS, PhD

Submitter : Dr.
Organization : Dr.
Category : Other Health Care Professional

Date: 05/13/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon. I have reviewed the proposed change to the CMS Conditions of participation (CoP) relating to H&P as defined by the Social Security Act. I am concerned that applying the definition of the Social Security Act will cause the hospital to limit this privilege exclusively to MD/DOs and limit this privilege to other health care providers. Over in California some hospital medical staff are already attempting to change the bylaws to limit this privilege to MD/DOs exclusively. This is often due to their unfamiliarity with the education and training standards of other health care providers. The proposed revision could limit my H&P privileges which would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of hundreds of accredited oral and maxillofacial surgery residency training programs.

I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, and oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and qualified doctor of podiatric medicine to admit for podiatric surgery.

Thank you for your consideration of these comments.

Submitter : Ms. Barbara Blackmond
Organization : Horty, Springer
Category : Attorney/Law Firm

Date: 05/13/2005

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-3122-P-167-Attach-1.DOC

Attachment #167
Barbara Blackmond
(412) 687-7677
Fax: (412) 687-7692
bblackmond@HortySpringer.com

VIA ELECTRONIC MAIL

May 13, 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3122-P
P.O. Box 8010
Baltimore, MD 21244-8010

Re: Comments on Proposed Rule Concerning
Hospital Conditions of Participation
File Code CMS-3122-P

To the Centers for Medicare & Medicaid Services:

The law firm of Horty, Springer & Mattem, P.C. devotes its practice exclusively to hospital and health care law. We consult with hospital boards, hospital attorneys and medical staff leaders throughout the country. We represent primarily nonprofit hospitals but, in submitting these comments, we are not acting on behalf of any client.

We applaud the publication of this proposed rule. We hope that it will be made final in the very near future and that CMS will not wait the full three years referenced on Page 15267, in light of the uncertainty and inconsistencies that hospitals face. We have already had many hospitals ask us if they will be sanctioned if they begin to implement these provisions before final publication.

1. Completion of the Medical History and Physical Examination

This proposed revision is welcome. However, we note that, in the description of the proposal, it is stated that other qualified individuals who have been "granted these privileges by the medical staff in accordance with state law" could complete the history and physical. We assume this was not intended to change existing law that vests in the hospital's governing body the authority to grant privileges, on recommendation of the Medical Executive Committee. Suggesting that the entire medical staff has a

role to play in the granting of privileges, or deciding which types of non-physician practitioners may be considered, could give rise to antitrust risk. The determination of which health care practitioners should be permitted to practice in the hospital must be made by the hospital's governing body. If the entire staff were to vote on such a question, the antitrust risk would be significant. There have been a number of court decisions and Federal Trade Commission investigations and cease and desist orders to that effect. See, e.g., Nurse Midwifery Associates v. Hibbett, 918 F.2d 605 (6th Cir. 1990), and FTC Consent Order to Cease and Desist against the Medical Staff of Memorial Medical Center in Savannah, Georgia. 110 F.T.C. 541 (1988).

References to the medical staff approving privileges appear in the second column on page 15268 and the top of the third column on page 15270. We urge CMS to clarify, in the final publication, that the governing body is ultimately responsible for granting privileges.

Hospitals that choose to maintain JCAHO accreditation will be pleased to see the proposed change in the time frame, so that this will be consistent with JCAHO's standards.

We are also somewhat puzzled by the references to positions taken by particular medical trade organizations. The implication is that the AMA must have lobbied against the expansion of the ability to perform H&Ps, and that the American Podiatric Medical Association had lobbied for the provisions. In our work with physician leaders on medical staffs, most of whom are not active in state or national organized trade organizations, we do not sense any widespread opposition to such expansion. (The AMA represents only about a quarter of physicians in the United States.)

2. Authentication of Verbal Orders

This revision is also appropriate. However, we suggest that it be modified to state that the time period for the exception is five years from the effective date following the date of the final rule, or the publication of new requirements, whichever comes later. This would avoid the situation in which there would be a gap between the expiration of the exception and the publication of final regulations replacing that exception with another requirement.

3. Legislative and Regulatory Background

This introductory section refers to the fact that state agencies conduct surveys using the State Operations Manual ("SOM") that contains interpretive guidelines. We wanted to take this opportunity to urge CMS to consider promulgating as regulations, through formal rule-making, any new substantive requirements that are now introduced in the "interpretive guidelines" to provide notice and an opportunity

to comment to regulated entities. Hospitals in general have not been aware of the provisions of the guidelines contained in now Internet-only SOM. We have learned that many have been caught off guard by the use of the interpretive guidelines by state surveyors.¹ If CMS does not wish to use rule making, please consider some method of providing notice to hospitals and physicians. Perhaps CMS assumes that trade organizations will keep their members abreast, but this is not always the case.

We also urge CMS to consider finalizing other aspects of the proposed rule first published in 1997, that would comprehensively revise the CoPs, discussed below.

4. 1997 Proposed Regulations

There were many very forward-thinking aspects to the 1997 proposed regulations that we urge CMS not to abandon. We understand that today many hospitals are considering forgoing JCAHO accreditation, either for financial reasons or due to the continuing problems of surveyor variation (as well as the apparent sublimation of patient safety imperatives to what appears to be micromanagement by

¹ In particular, the guidelines' new provisions on consent, that now require that the names of persons other than the primary surgeon who will perform certain tasks during surgery be listed on consent forms, have taken many hospitals by surprise. Consent, under state law and through many court decisions, has been primarily a responsibility of physicians. Courts generally have held that hospitals have no independent duty to obtain consent. In fact, hospitals can expose themselves to additional risk of liability if they prepare their own forms. See, e.g., Jones v. Philadelphia College of Osteopathic Medicine, 813 F. Supp. 1125, 1131 (E.D. Pa. 1993). Expecting hospitals to enforce CMS requirements on physicians has the potential of further exacerbating tense relationships between hospitals and physicians in a manner similar to the effect of certain provisions under the Emergency Medical Treatment and Active Labor Act ("EMTALA").

mandating arcane organizational requirements). CMS could take a strong leadership role in promoting innovation.

In the 1997 publication, HCFA announced a shift in "the oversight focus toward patient health outcomes and away from burdensome and costly procedural requirements, restructur[ing] the traditional CoPs along essential conditions centered on patient care, and reflect[ing] an interdisciplinary team approach to patient care." CMS should move forward with that approach.

The Condition relating to the Medical Staff was proposed in 1997 to be included under the Human Resources section. There, HCFA proposed to delete the current "process-oriented" conditions "relating to the composition, organization, and conduct of a hospital's medical staff." HCFA explained its rationale this way:

In proposing these changes to the current medical staff requirements, we do not intend to discount the value to a hospital of having a carefully selected and well-organized medical staff. On the contrary we believe it is self-evident that the medical staff has a critical role in ensuring that high quality care is delivered consistently and that hazards to patients are promptly detected and eliminated.

However, individual hospitals, their employees or contractors, and the professionals who have been granted practice privileges may choose to have medical staff functions performed in a variety of appropriate ways, and we do not believe it is necessary to prescribe to a hospital what the composition or organization of its medical staff should be.

Whether the Medical Staff requirements are maintained as a separate CoP or placed elsewhere, flexibility would be welcome as hospitals and medical staff leaders work together to restructure their credentialing and quality functions more effectively and efficiently.

HCFA also proposed the elimination of another requirement which has caused much controversy and confusion. Section 482.12(a)(7) states: "Under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society...." As HCFA noted, this section has been interpreted as prohibiting hospitals from requiring board certification as a condition of medical staff appointment:

...there is considerable disagreement...as to whether board certification or eligibility is an important indicator of professional competence. In view of this diversity of opinion and absent any indication that the quality of care would decline if the current requirement were deleted, we are proposing to eliminate the current requirement and to allow each hospital to determine, in consultation with its medical staff, whether requiring certification, fellowship, or membership in a specialty body or society would enhance the quality of care for the hospital's patients.

Many hospitals continue to face arguments by a small number of physicians that the hospital would be in violation of Section 482.12 (a)(7) if the medical staff bylaws were amended to incorporate a requirement of the achievement of board certification within a particular time period. This is another area in which the CoPs have not kept up with current health care practice. Hospitals and their medical staff leaders striving to establish higher credentialing standards are impeded in doing so by this section. We appreciate the fact that the Interpretative Guidelines clarify that a hospital is not prohibited from requiring Board Certification, but many physicians are unaware of the existence of these Guidelines. The perpetuation of Section 482.12(a)(7) in the CoPs continues to present problems.

We appreciate your consideration of the comments in this letter. If you have any questions, please do not hesitate to contact me.

Sincerely,

Barbara Blackmond

BB/djm

Submitter : Dr. Snehal Patel
Organization : Association of Oral & Maxillofacial Surgeons
Category : Physician

Date: 05/13/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Snehal Patel, DDS, MD

Submitter : Dr. Gerald Laboda
Organization : Dr. Gerald Laboda
Category : Physician

Date: 05/13/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
Gerald Laboda DMD FACD

Submitter : Dr. Mary Kreitzer
Organization : Dr. Mary Kreitzer
Category : Other Health Care Professional

Date: 05/14/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral surgeon and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry and chiropractors. Although i support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform H&Ps. I oppose this proposed change and suggest that the CoP should be revised to include doctor of medicine, osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery and doctor of podiatric medicine if they are trained to perform a complete H&P for patients admitted for podiatric surgery.

Respectfully,
Mary H. Kreitzer, DMD

Submitter : Dr. Victor Pak
Organization : Dr. Victor Pak
Category : Other Practitioner

Date: 05/14/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Victor Pak

Submitter : Dr. Hyon Yoo
Organization : AAOMS
Category : Other Health Care Professional

Date: 05/14/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Hyon K. Yoo, DDS

Submitter : Dr. Kevin McLaughlin
Organization : American Association of Oral and Maxillofacial Sur
Category : Physician

Date: 05/14/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&P's that would allow this service to be performed by a physician as defined by the Social Security Act. Due to the large general definition the Social Security Act gives may cause limitation by the hospitals to only let M.D./D.O. perform H&P's. This would not allow oral and maxillofacial surgeons and some qualified podiatrists to do what they are trained to do. This would also stop me and others from practicing the way we have for the last 20 years of our career.

I urge you to gain the appropriate information so your bill does not stop access to care for many patients. It will also be a disservice to the health care system if this legislation is written without an understanding of who it is excluding.

Kevin McLaughlin D.M.D.
148 East Ave. Suite 2F
Norwalk, CT 06851

Submitter : Dr. Christopher M. Harris
Organization : Dr. Christopher M. Harris
Category : Physician

Date: 05/15/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Dr. Christopher Harris

Submitter : Dr. Martin Koop
Organization : U. S. Navy
Category : Health Care Professional or Association

Date: 05/15/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am a Navy oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

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Thank you for consideration of these comments.

Sincerely,

Martin J. Koop
CAPT, DC, USN
Department Head, OMS Clinic
Naval Hospital Rota, Spain

Submitter : Dr. Robert Templeton

Date: 05/15/2005

Organization : Dr R B Templeton

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am an Oral and Maxillofacial surgeon and have read the proposed cahnges to the CMS CoP related to H&P's . Please see attachment.

Submitter : Dr. robert templeton
Organization : dr. R B Templeton
Category : Physician

Date: 05/15/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

R B Templeton DMD

Submitter : Dr. Ronald Tankersley
Organization : American Dental Association
Category : Other Practitioner

Date: 05/15/2005

Issue Areas/Comments

GENERAL

GENERAL

As a Trustee of the American Dental Association, a member of my hospital credentials committee, and a practicing Oral and Maxillofacial Surgeon, I request that you restore the language that specifically allows qualified Oral & Maxillofacial Surgeons (OMSs) to perform history and physical examinations on hospitalized patients. I recognize that the term "physician" includes "dentists", and support that overall definition. However, because OMS are the only dentists with training for history and physical examination in the hospital, the dropping of the "OMS" language will cause confusion on many hospital credential committees. There is already confusion, even with the current language and the new language will exacerbate the problem. If there are other non-physician groups that have appropriate training, I suggest that they be added to the language instead of eliminating "OMS" from the current language.

Thanks for your consideration of this matter,

Dr. Ron Tankersley

Submitter : Dr. Daria Hamrah
Organization : American Association of oral maxillofacial surgery
Category : Physician

Date: 05/15/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Dr. Daria Hamrah

Submitter : Dr. William Bergeron
Organization : AAOMS Member
Category : Other Health Care Professional

Date: 05/15/2005

Issue Areas/Comments

GENERAL

GENERAL

Dear Sirs,

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
William F. Bergeron, Jr., D.D.S.

Submitter : Dr. Marshall Solomon
Organization : Council of Teaching Hospitals, AACPM
Category : Academic

Date: 05/16/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-3122-P-181-Attach-1.DOC



American Association of Colleges of Podiatric Medicine
15850 Crabbs Branch Way, Suite 320
Rockville, MD 20855-2622
301-948-9764 (v)
301-948-1928 (f)
www.COTHweb.org

Attachment #181

May 16, 2005

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3122-P
P.O. Box 8010
Baltimore, MD 21244-8010

RE: CMS-3122-P

Comments on Medicare and Medicaid Programs; Hospital Conditions of Participation: Requirements for History and Physical Examinations; Proposed Rule (70 Fed. Reg. 15266, March, 25, 2005)

Dear Dr. McClellan:

On behalf of the Council of Teaching Hospitals (COTH) of the American Association of Colleges of Podiatric Medicine (AACPM), the national educational organization that represents over 200 hospitals and organizations that conduct graduate training in podiatric medicine, we are pleased to provide comments on the proposed rule that would revise four of the current hospital conditions of participation (CoPs) for approval or continued participation in the Medicare and Medicaid programs.

The COTH supports the proposed revision to the medical staff requirement at § 482.22(c)(5) to specify that a medical history and physical examination must be completed for each patient by a physician (as defined in section 1861(r) of the Act) or other qualified individual who has been granted these privileges by the medical staff in accordance with State law.

The profession's residency programs are resource-based, competency-driven and assessment-validated. Of the seven institutional and program standards and requirements for podiatric residencies, program standard 6.0 states, in part "*The residency program in either Podiatric Medicine and Surgery-24 (PM&S-24) or Podiatric Medicine and Surgery-36 (PM&S-36) ... provides training resources that facilitate the resident's sequential and progressive achievement of specific competencies.*" Specifically, Section 6.1 states, "*The curriculum must provide the resident appropriate and sufficient experiences in the supervised diagnosis and management of patients with a variety of diseases, disorders, and injuries ... assess and manage the patient's*

Dr. Mark McClellan
May 16, 2005
Page Two

general medical status ... [and] perform and interpret the findings of a comprehensive medical history and physical examination (including preoperative history and physical examination)." (CPME:320, July 2003). Podiatric residents perform comprehensive history and physical examinations throughout their training, with increased levels of autonomy, within rotations such as internal medicine, general medicine, general surgery, vascular surgery, emergency medicine as well as podiatric medicine and surgery.

Podiatric physicians are, by education and training, capable of performing a comprehensive history and physical examination for any of their patients. The COTH is pleased with the proposed revisions to the hospital CoPs involving H&Ps and we look forward to them being finalized immediately.

If you have questions concerning our comments, please do not hesitate to contact me.

Sincerely,



Marshall G. Solomon, DPM
Chairman
Council of Teaching Hospitals, AACPM

cc: COTH Administrative Board
AACPM Board of Directors

Submitter : Dr. Wayne Dudley
Organization : Dr. Wayne Dudley
Category : Other Health Care Professional

Date: 05/16/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Wayne H. Dudley, DDS

Submitter : Dr. Albert Ouellette
Organization : Dr. Albert Ouellette
Category : Other Health Care Professional
Issue Areas/Comments

Date: 05/16/2005

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Albert L. Ouellette, DDS
Oral & Maxillofacial Surgeon

Submitter : Dr. John Hudson, DDS
Organization : American Assn of Oral and Maxillofacial Surgeons
Category : Physician

Date: 05/16/2005

Issue Areas/Comments

GENERAL

GENERAL

May 13, 2005

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn.: CMS-3122-P
PO Box 8010
Baltimore, Maryland 21244-8010

To Whom It May Concern:

Please be advised I am an oral and maxillofacial surgeon and have recently reviewed the proposed change to CMS conditions and participation relating to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatry medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusive to MDs/DOs and, as a result negatively, impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MDs/DOs because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal in oral maxillofacial surgery in H&P privileges would limit access for my patients as well as maxillofacial trauma patients who need my services and would threaten accreditation status of 100 credited oral maxillofacial surgery residents in training programs.

I understand the motivation for using Social Security Act's definition in the CoP. There is also concern brought to your attention by a podiatrist. A podiatrist with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest the CoP should be revised to include doctor of medicine or osteopathy, an oral and maxillofacial surgery for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

J. W. Hudson, DDS

Professor
Department of Oral and Maxillofacial Surgery
Diplomate
American Board of Oral and Maxillofacial Surgery

JWH/rt

Submitter : Dr. Kevin Kiely
Organization : USAF
Category : Federal Government

Date: 05/16/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an Air Force oral and maxillofacial surgeon and I am concerned about the proposed changes to the CMS Conditions of Participation (CoP) related to H&Ps. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank You for your consideration of this important matter.

Submitter : Dr. Thomas Kelly
Organization : Dr. Thomas Kelly
Category : Other Practitioner

Date: 05/16/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine and doctors of podiatric medicine, doctors of optometry and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to limit this privilege to MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
Thomas F. Kelly, D.D.S..

Submitter : Dr. Richard Johnson
Organization : Dr. Richard Johnson
Category : Other Health Care Professional

Date: 05/16/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Richard L. Johnson, DDS, MD

Submitter : Dr. Peter Hertz

Date: 05/16/2005

Organization : American Assoc. of Oral and Maxillofacial Surgeons

Category : Physician

Issue Areas/Comments

Issue

Categories of providers permitted to perform a history and physical examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Peter H. Hertz, DDS, MD

Submitter :

Date: 05/16/2005

Organization :

Category : Hospital

Issue Areas/Comments

Issue

Timeframe for completion of the medical history and physical examination

Requiring that the history and physical be placed on the medical record within 24 hours of admission would force hospitals to staff transcription services 7 days a week. This is extremely difficult to do in small rural hospitals. It is already a challenge to staff transcription services full time Monday-Friday. By requiring this it means it will cost rural facility even more to provide health care and yet we see no increase in reimbursement.

Submitter : Dr. Leonardo RiosAndersen

Date: 05/16/2005

Organization : 35th DS/SGD USAF

Category : Other Practitioner

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon currently working for the USAF in Misawa north Japan, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

//Signed//

Leonardo Manuel Rios Andersen, DMD
Capt USAF DS/SGD
CHF Oral & Maxillofacial Surgery
Misawa AB, Japan
DSN 226-6700, 6338
Intl:011-81-3117-66-6700(6338)

Submitter : Dr. Michael Gocke
Organization : UT Southwestern
Category : Other Health Care Professional

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgery resident, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Dr. Michael T Gocke DDS

Submitter : Dr. Ronald Pinson
Organization : Dr. Ronald Pinson
Category : Other Practitioner

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon and have reviewed the proposed change to the CMS Conditions of Participation(CoP) related to H & Ps that would allow this service to be performed by a physician as defined by the Social Security Act. I am concerned that applying this definition to the H & P will cause hospital medical staffs to limit this privilege to MD/DOs and as a result negatively impact patient care. I am on the staff of four area hospitals and have H & P privileges at all of them. Limitations or withdrawal of oral and maxillofacial surgeon's H & P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs. The present regulations which specifically refer to oral and maxillofacial surgeons completing the H & P for patients admitted for oral and maxillofacial surgery work well in our hospitals. I suggest that this not be changed. If it isn't broken don't fix it. Thank you for your consideration.

Submitter : Dr. David Miller
Organization : American Association of Oral and Maxillofacial Surg
Category : Other Practitioner

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Dr David Miller

Submitter : Dr. Nicholas Tedeschi
Organization : Westwood Oral Surgery Associates, P.A.
Category : Other Health Care Professional

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs often because of their unfamiliarity with the education and training standards of non MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Nicholas J. Tedeschi, DDS
992 Mantua Pike, Suite 302
Woodbury Heights, NJ 08097
856-845-1341

Submitter : Dr. Paul Kelly
Organization : Gundersen Lutheran Medical Center
Category : Physician

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

To Whom it may concern,

To broaden the scope of practice for H&Ps would be a unfortunate, however to exclude the Oral and maxillofacial surgeon would be a disaster. I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, or an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery.

Thank you for consideration of these comments.

Sincerely,

Paul J. Kelly DMD MS

Submitter : Dr. Larry Falender
Organization : Falender Oral Surgery and Dental Implant Center
Category : Individual

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Lawrence G. Falender, DDS

Submitter : Dr. victor villagonzalo
Organization : Dr. victor villagonzalo
Category : Other Health Care Professional

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

As an active duty podiatric surgeon in the US Navy, it would be a great asset to the service of active duty personnel, their dependents and retirees if I was able to do history and physical. I welcome this change.

V/R
Victor Villagonzalo

Submitter : Miss. Michele D'Ambrosio
Organization : Miss. Michele D'Ambrosio
Category : Other Health Care Professional

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

Note: CMS did not receive an attachment to this document. This may have been due to improper submission by the commenter or it may have been a result of technical problems such as file format or system problems.

Submitter : Dr.
 Organization : Dr.
 Category : Physician

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,
 Billy D. Sturrock, D.D.S.

Submitter : Dr. Gabriel Kennedy
Organization : Gundersen Lutheran Medical Center, Oral Surgery
Category : Other Practitioner

Date: 05/17/2005

Issue Areas/Comments

GENERAL

GENERAL

Re: CMS-3122-P, Completion of the Medical History and Physical Examination

I am an oral and maxillofacial surgeon, and have reviewed the proposed change to the CMS Conditions of Participation (CoP) related to H&Ps that would allow this service to be performed by a physician as defined by the Social Security Act. The Social Security Act defines physicians as doctors of medicine or osteopathy, doctors of dental surgery or dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors. Although I support the use of this definition in most contexts, I am concerned that applying this definition to the H&P will cause hospital medical staffs to limit this privilege exclusively to MD/DOs and, as a result, negatively impact patient care. Some medical staffs are already attempting to change their bylaws to limit this privilege to MD/DOs, often because of their unfamiliarity with the education and training standards of non-MD/DO practitioners. Limitations or withdrawal of oral and maxillofacial surgeons' H&P privileges would limit access for my patients, as well as maxillofacial trauma patients who would need my services, and would threaten the accreditation status of the 100 accredited oral and maxillofacial surgery residency training programs.

I understand the motivation for using the Social Security Act's definition in the CoP is a result of concerns brought to your attention by podiatrists. Podiatrists with advanced training may be qualified to perform an H&P. I oppose this proposed change and suggest that the CoP should be revised to include a doctor of medicine or osteopathy, an oral and maxillofacial surgeon for patients admitted for oral and maxillofacial surgery, and if they are trained to perform a complete H&P, a doctor of podiatric medicine who has completed an accredited podiatric residency program for patients admitted for podiatric surgery.

Thank you for consideration of these comments.

Sincerely,

Gabriel M Kennedy, DMD
Oral and Maxillofacial Surgery Resident
Gundersen Lutheran Medical Center
LaCrosse, WI 54601